

Name
in
Full

Elva Catherine Bittinger

CERTIFICATE OF DEATH

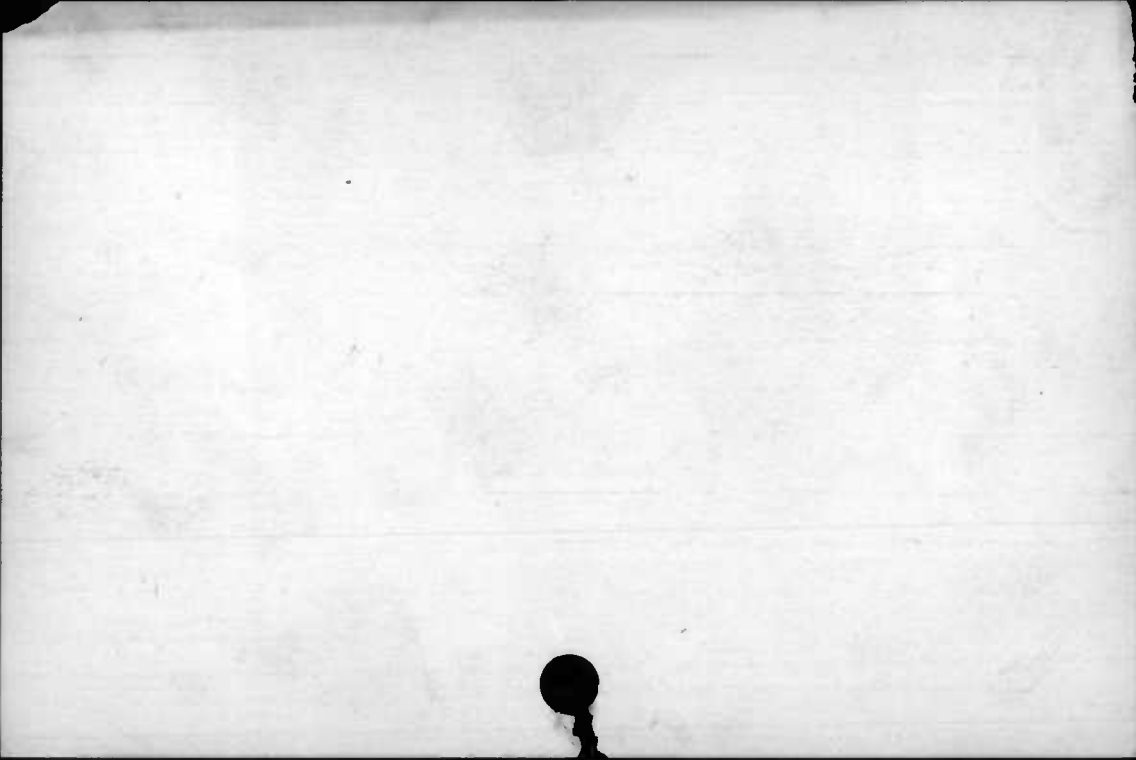
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Aug.	26	20			
Sex	Female		Color or Race	white		Birth-place	Buchman, Md.
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	Ernest Bittinger			
Father's Name	Francis Pritts				Father's Birthplace	Md.	
Mother's Maiden Name	Harriet Schooley				Mother's Birthplace	Md.	
Name of person giving information	Mr. Harriet Pritts				How related to deceased	mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Loss of Physical Force		How long	
Immediate	Anemia		How long	6 months
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	G. Hazenbaker M.D.
			Address	Buwaiton
				Md.
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

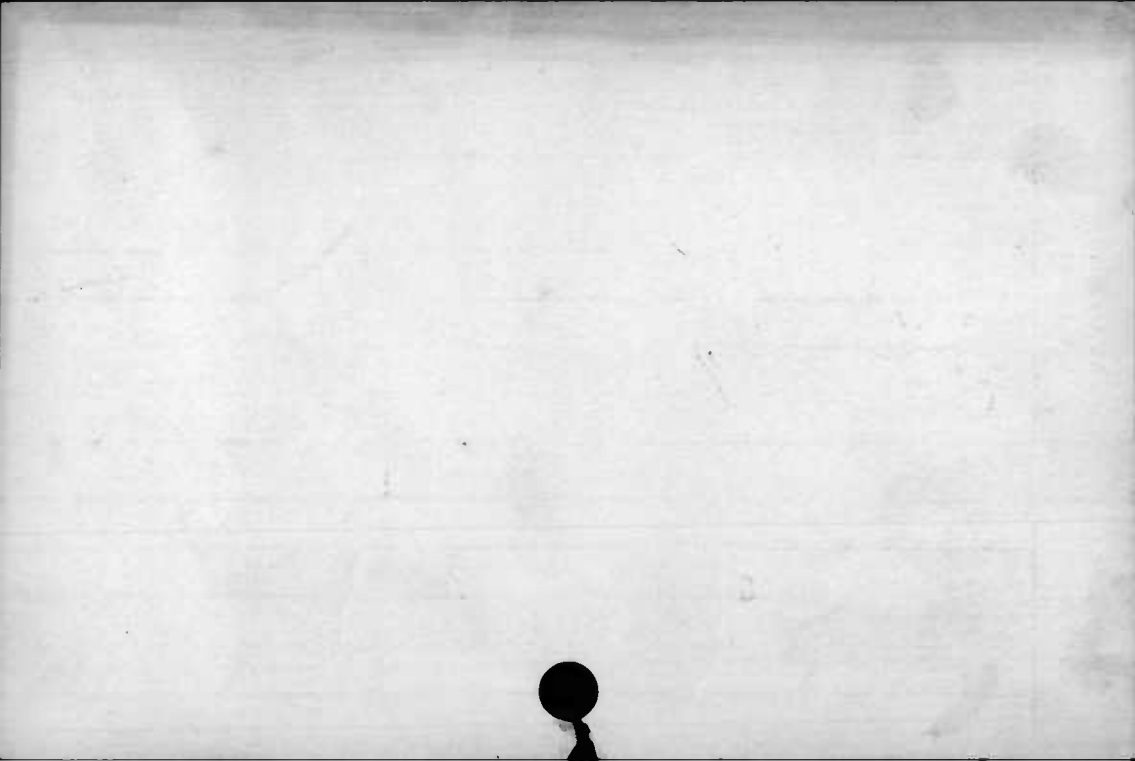
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full James Carey Black		Town Deer Park		County Garnett Co		State MARYLAND	
Died at Deer Park		Month Aug		Day 14		Years 1	
Date of death 190 0		Months 1		Days 1			
Sex Male		Color or Race White		Birth-place Baltimore			
Married, Single or Widowed Single				Occupation ---			
Name of Wife or Husband Van Lean Black							
Father's Name Van Lean Black				Father's Birthplace Maryland			
Mother's Maiden Name Jessie Gary				Mother's Birthplace Maryland			
Name of person giving information ---				How related to deceased ---			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Gastro intestinal in 1911 in 1912.		How long 10 days -
Immediate "		How long ---
Are the name, age, sex, color, date and place correctly given above? yes -		Signature of Physician John L. Knox Jr.
		Address 802 Cathedral St Baltimore
Accident or Suicide? no -		



Name
in
Full

Moria Magdalena Burkhardt.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Accidents</i>		Town <i>Garrett</i>		County		MARYLAND	
Date of death	190	Month	<i>January</i>	Day	<i>3</i>	Age	<i>13</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birthplace	<i>Germany</i>	Months	<i>3</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Lionard Burkhardt.</i>				
Father's Name	<i>Does not know</i>			Father's Birthplace	<i>Does not know</i>		
Mother's Maiden Name	<i>Does not know</i>			Mother's Birthplace	<i>Does not know</i>		
Name of person giving information	<i>Fred Burkhardt</i>			How related to deceased	<i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Rheumatism</i>	How long	<i>12 years</i>
Immediate	<i>Serility</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>A. H. Boyer</i>
		Address	<i>Accidents</i>
Accident or Suicide?			<i>med</i>



Name
in
Full

Elmer J. Curter

CERTIFICATE OF DEATH

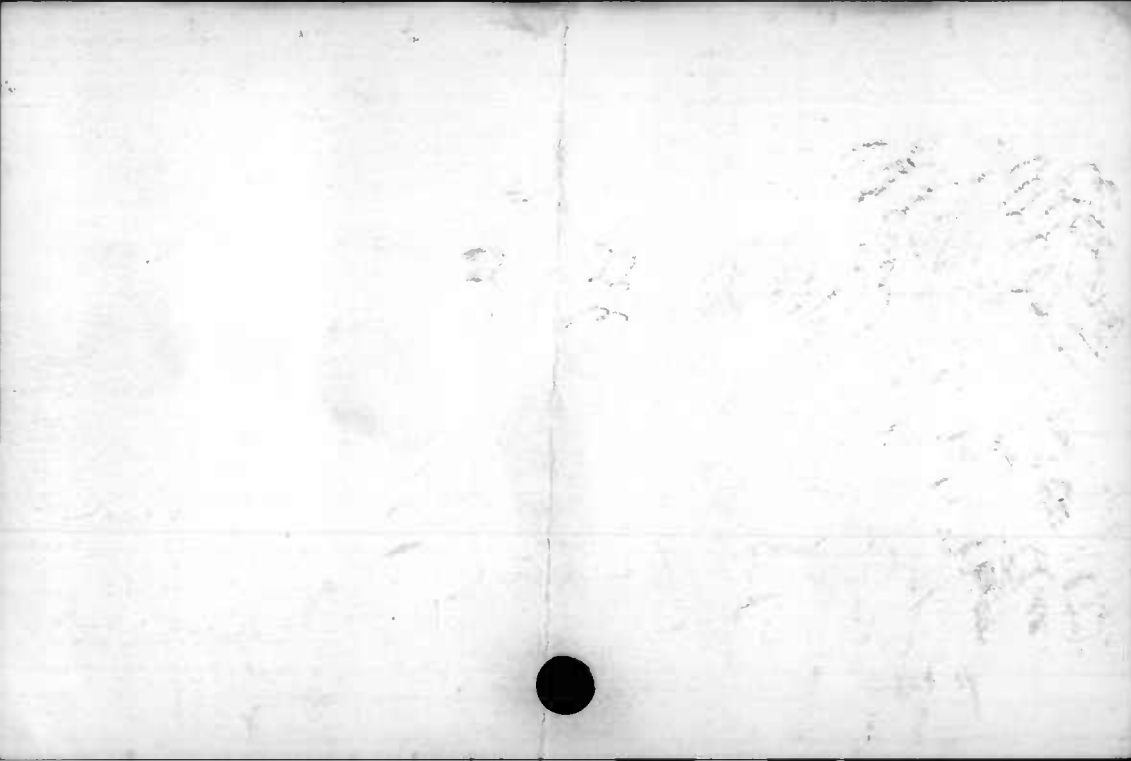
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hoyes		County Garrett		MARYLAND	
Date of death	1905	Month Aug	Day 25	Age 45	Years	Months 10	Days 11
Sex	Female		Color or Race	white		Birth- place	W. Va.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband Emanuel Curter			
Father's Name		Galmer Cuppet		Father's Birthplace			
Mother's Maiden Name		Lydie Bishoff		Mother's Birthplace			
Name of person giving Information		Emanuel Curter		How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Addisons Disease	How long	1 year
Immediate	Heart Failure	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		A. J. Mason	
Address		Foundsville Md	
Accident or Suicide?			



Name
in
Full

Daguer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cosewood* TownCounty *Harriet*Date of death *1905* Month *Aug* Day *15* Age *—* Years *—* Months *2* Days *24*Sex *Female* Color or Race *white* Birth-place *Cosewood Md*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *W. D. Wilson* Father's Birthplace *Md*Mother's Maiden Name *Eda Wilson* Mother's Birthplace *Ohio*Name of person giving information *Mother* How related to deceased *—*

CAUSES OF DEATH

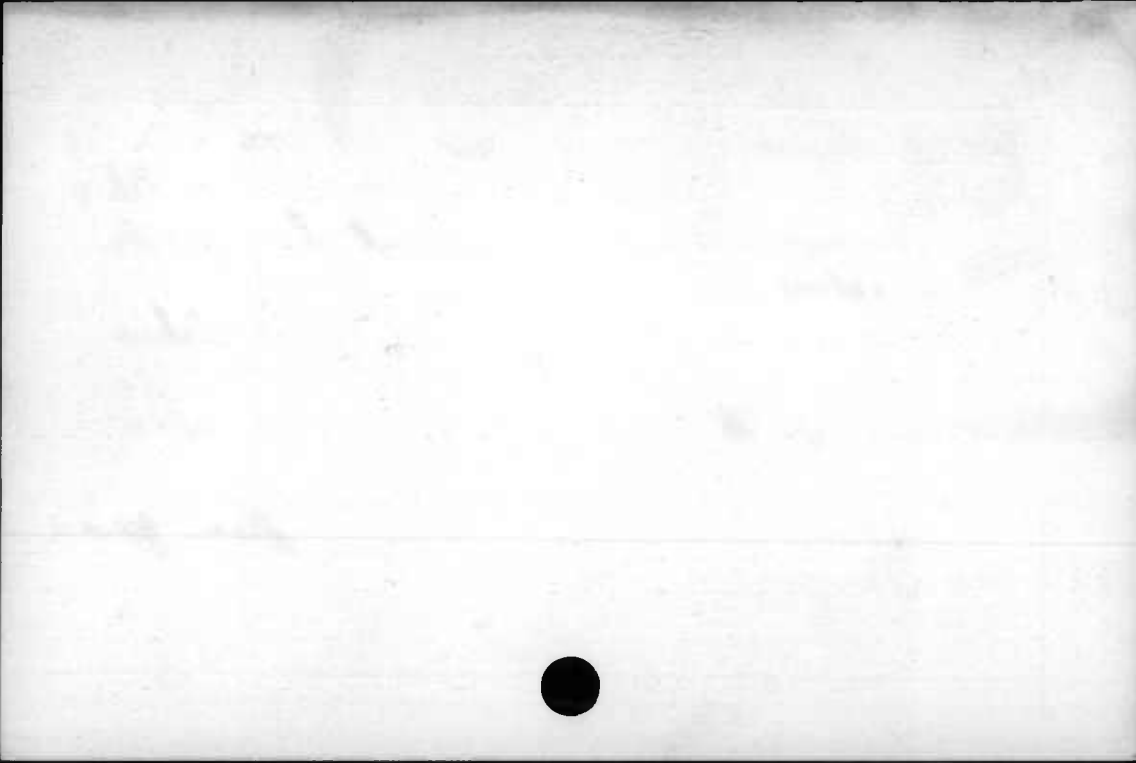
Primary *Endocarditis* How long *3 weeks*Immediate *" "* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *M. C. Hinebaugh*Address *Cosewood Md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Rachel Dodge

CERTIFICATE OF DEATH

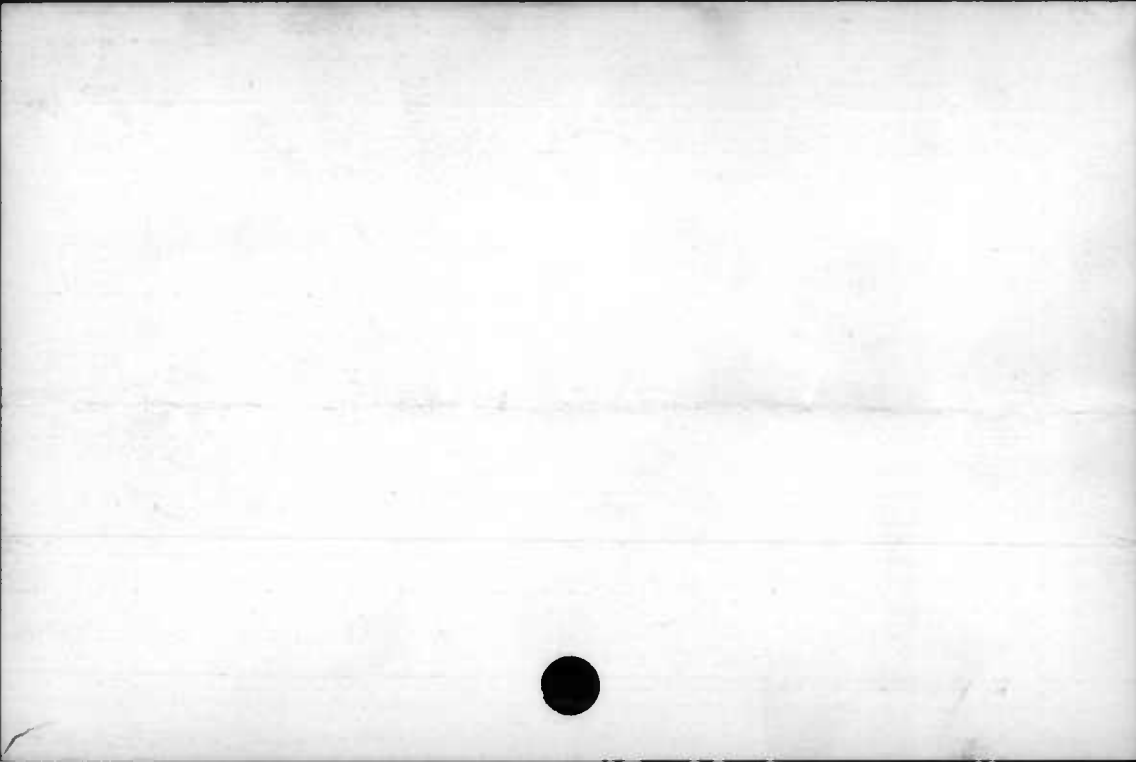
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sunnyside</i>			Town <i>Garrett</i>		County		MARYLAND	
Date of death	1905	Month <i>August</i>	Day <i>5</i>	Age <i>76</i>	Years	Months <i>10</i>	Days <i>27</i>	
Sex <i>Female</i>	Color or Race <i>white</i>			Birth-place <i>Ohio</i>				
Occupation <i>Housework</i>				Where Residing if not at place of death <i>at Sunnyside</i>				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband						
Father's Name		Father's Birthplace <i>Ohio</i>						
Mother's Maiden Name		Mother's Birthplace <i>Ohio</i>						
Name of person giving information <i>D. W. Dodge</i>		How related to deceased <i>Son</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralytic</i>	How long <i>seven years</i>
Immediate <i>Paralytic</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. R. Fike undertaker</i>
	Address
Accident or Suicide?	



Name
in
Full

Ernest H. Friend

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Kendal^{County} Garrett

Date of death 1909 Aug

Day 5

Age Years

Months 4

Days 15

Sex Male

Color or Race white

Birth-place Maryland

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed SingleName of Wife or
Husband

Father's Name E. C. Friend

Father's Birthplace Md

Mother's Maiden Name E. A. Kearnes

Mother's Birthplace Md

Name of person giving
Information E. C. FriendHow related
to deceased Father

CAUSES OF DEATH

Primary Cholera Infantum

How long 1 week

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

S. Savage Undertaker

Address Friendsville Md

Accident or Suicide?

no physician attending

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Belbyport</i>		Town <i>Belbyport</i>		County <i>Garrett</i>		State <i>MARYLAND</i>	
Date of death 190 <i>5</i>	Month <i>8</i>	Day <i>19</i>	Age	Years <i>72</i>	Months <i>0</i>	Days <i>2</i>	
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>					
Married, Single or Widowed <i>married</i>	Occupation <i>Farmer</i>						
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Beck Gurr</i>				How related to deceased <i>son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hemorrhage of lungs</i>	How long <i>4 hrs</i>
Immediate <i>Heart-failure</i>	How long <i>sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. M. M. M. D.</i>
	Address <i>Frederick Ind.</i>
Accident or Suicide? <i>no</i>	

Friendship

X

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederickville</i> <i>Garrett</i> County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>8</i>	Day <i>25</i>	Age <i>4</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Selbyport</i>	
Married, Single or Widowed <i>Single</i>	Occupation _____		
Name of Wife or Husband _____			
Father's Name <i>Clinton Ringer</i>		Father's Birthplace <i>Garrett Co</i>	
Mother's Maiden Name <i>Blanche Thant</i>		Mother's Birthplace <i>" "</i>	
Name of person giving information <i>Clinton Ringer</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inanition</i>	How long <i>4 mo</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. Mason</i>
	Address <i>Frederickville Md.</i>
Accident? <i>no</i> Suicide? <i>no</i>	

Mooring Place.

Name
in
Full

Northea Rodeheaver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lock Lynn</i>		Town <i>Chesart</i>		County		MARYLAND	
Date of death <i>1905 Aug 15</i>		Month <i>Aug</i>		Day <i>15</i>		Age <i>4</i>	
Sex <i>Female</i>		Color or Race <i>W.</i>		Birth-place <i>Garsesburg</i>		Months	
Occupation <i>✓</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>✓</i>		Name of Wife or Husband					
Father's Name <i>Louis Rodeheaver</i>		Father's Birthplace <i>Ind.</i>		Mother's Maiden Name			
Name of person giving information		(9)		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>		How long <i>3 weeks</i>	
Immediate <i>Coke train</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. L. [unclear]</i>	
		Address <i>[unclear]</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Died at		Town	County	State			MARYLAND	
Date 19	Month	Day	Y.	M.	D.	Native of	Occupation	
05	8th	24				md		
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living				
Husband of								
Wife								
Father's Name	Ellis Seato		Mother's Maiden Name	Seato		Seato		
Cause of	Primary	Cholic	105		How long sick			
Death	Immediate				Accident, Suicide, Homicide			
Reported by	Tom Amelbaugh (M.E. Frazee, Undertaker)							
Address	Hinebaugh, Md							
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.								

Sand Spring

Name
in
Full

c Asenath E Thomas

CERTIFICATE OF DEATH

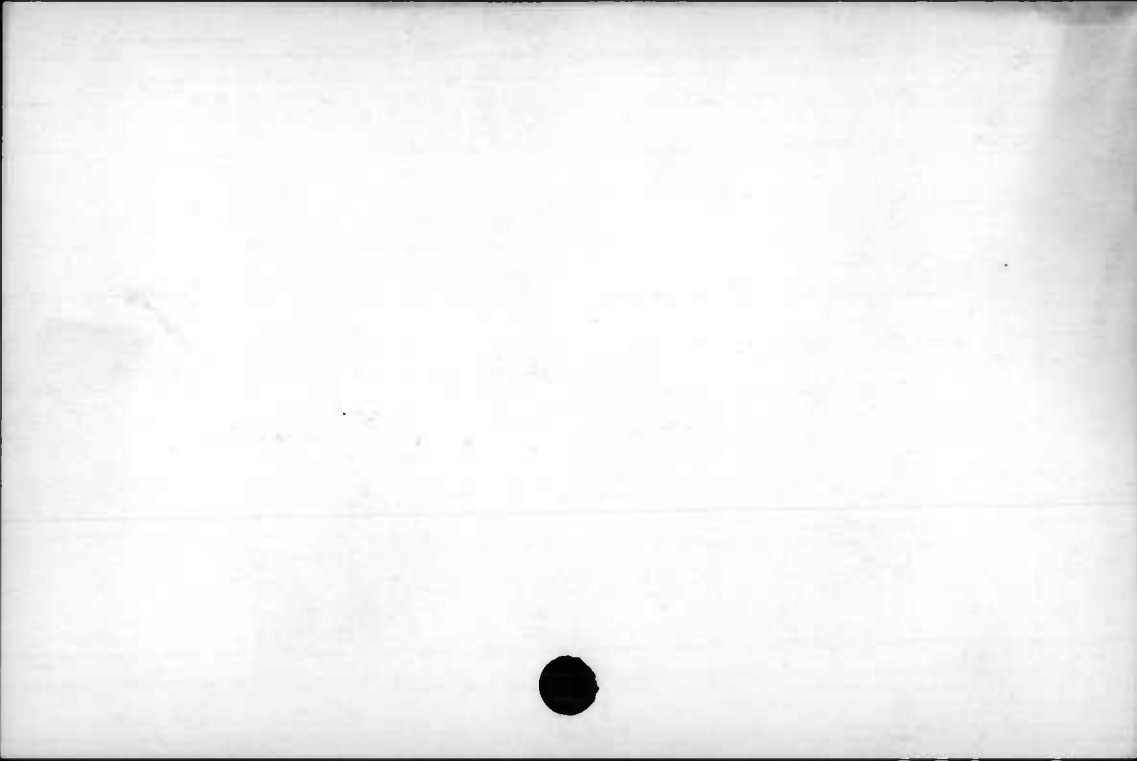
TO BE ANSWERED BY
NEAREST FRIEND

Died at— <i>near Kendal</i>		Town <i>Garrett</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>Aug</i>	Day <i>14</i>	Age	Years	Months <i>5</i>	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>M. C. Thomas</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Grace R. Riley</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Grace R. Riley</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>5 months</i>
Immediate <i>Cholera Infantum</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. Savage Undertaker</i>
	Address <i>Friendsville Md</i>
Accident or Suicide?	<i>no Physician attending</i>



Name in Full		Town				County		CERTIFICATE OF DEATH	
Lorena M Welch		Selbysport				Barrell		MARYLAND	
Died at		Date of death		Month		Day		Age	
		1905		Aug		18		9	
Sex		Color or Race		Birth-place		Months		Days	
Female		white		Maryland					
Occupation		Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband							
Single									
Father's Name		Father's Birthplace		Mother's Name		Mother's Birthplace			
Osaac C Welch		Md.		Hellen A Tiragoe		Md.			
Name of person giving information		How related to deceased							
Osaac C Welch		Father							
CAUSES OF DEATH									
Primary		How long							
Nephritis		4 mo							
Immediate		How long							
Heart Failure									
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address					
Yes		A. J. Zmann		Frederickville					
Accident or Suicide?									
No									

Steel Ground